

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Title::	RNA INTERFERENCE PATHWAY GENES AS TOOLS FOR TARGETED GENETIC INTERFERENCE
Attorney Docket Number::	UMY-052DV2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	21
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Craig
Middle Name::	C.
Family Name::	Mello
City of Residence::	Shrewsbury
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	19 Ryan Road
City of mailing address::	Shrewsbury
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01545

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Hiroaki  
Family Name:: Tabara  
City of Residence:: Worcester  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 145 Orient Street  
City of mailing address:: Worcester  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01545

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Andrew  
Family Name:: Fire  
City of Residence:: Baltimore  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 1320 Bright Leaf Way  
City of mailing address:: Baltimore  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 21209

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Ukraine  
Status:: Full Capacity  
Given Name:: Alla  
Family Name:: Grishok

City of Residence:: Shrewsbury  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 18 K Shrewsbury Green Drive  
City of mailing address:: Shrewsbury  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01545

#### **Correspondence Information**

Correspondence Customer Number:: 00959

#### **Representative Information**

Representative Customer Number:: 00959

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/689992	10/13/00
09/689992	Application claiming the benefit under 35 USC 119(e)	60/159776	10/15/99
09/689992	Application claiming the benefit under 35 USC 119(e)	60/193218	03/03/00

#### **Assignee Information**

Assignee name:: UNIVERSITY OF MASSACHUSETTS MEDICAL  
Street of mailing address:: University of Massachusetts  
One Beacon Street, 26th Floor  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02108